

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/566,612

FILING DATE

01-31-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
11	1					
12	1					
13	2					
14	2					
15	+					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	3					
24	4	-				
25	4	-				
26	①					
27	1					
28	1					
29	4	-				
30	4	-				
31	4	-				
32	4	-				
33	4	-				
34	4	-				
35	1					
36						
37						
38						
39						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	60	←	←	←	←	←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

**BEST AVAILABLE COPY**